

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA), for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	05/09/2020 14:37
Date Of Accident	05/09/2020 12:25
Exact Location Of Accident	BEDOK NORTH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY8773A
Insured/Policyholder	
Name Of Registered Owner	TAN KIM CHUAN
NRIC No	SXXXX051A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96178070
Alternative Phone No	OFFICE-96178070

Vehicle Particulars

Manufacturer	KIA
Model	CERATO
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA549874
Cover Note Number	

Driver

Name of Driver	TAN KIM CHUAN
NRIC No	SXXXX051A
Date Of Birth	27/02/1967
Occupation	OUTDOOR
Date Of Driving Pass	02/12/1988
Driving Experience	31 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96178070
Fax Number	
Contact Number	OFFICE-96178070
EMail Address	NOEMAIL

Address BLK 120B EDGEDALE PLAINS #14-293
 Postcode 822120
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 Weather Conditions RAINING
 Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 2
 Passenger 1
 NAME: : LEE CAROL
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

ON 05/09/2020 AT 12.25PM, I WAS TRAVELLING ON BEDOK NORTH ROAD ON EXTREME RIGHT LANE. FRONT VEHICLE STOP. SO I FOLLOWED TO STOP IN A STATIONARY POSITION. SUDDENLY, VEHICLE (SGZ1325L) BEHIND ME DID NOT STOP IN TIME COLLIDED ONTO MY VEHICLE (SJV8773A) REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGZ1325L
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver NG CHI WEE
 NRIC/Passport Number SXXXX387E
 Contact Number 91199123
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON

Name

CAROL LEE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJY8773A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer, collectively the "personal information" and disclose and transfer such personal information to all insurer(s) who have insured vehicles involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' law firm(s), the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of the envelope/trail bag/letter), and/or
 - (v) compliance with applicable law in administering, processing, handling and/or dealing with my claims collectively the "purposes";
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insured law firm(s) to me, may be permitted to collect, use, disclose and/or process my personal information for more or more of the above purposes; and
- (c) my personal information may be disclosed by any of the insurers and/or G.I.A. to state third party service providers or agents such as solicitors/law firms, which may be based outside of Singapore, for one or more of the above purposes
- (d) my personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (a) above may be shared / disclosed
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as responsibility required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

M. P. 2

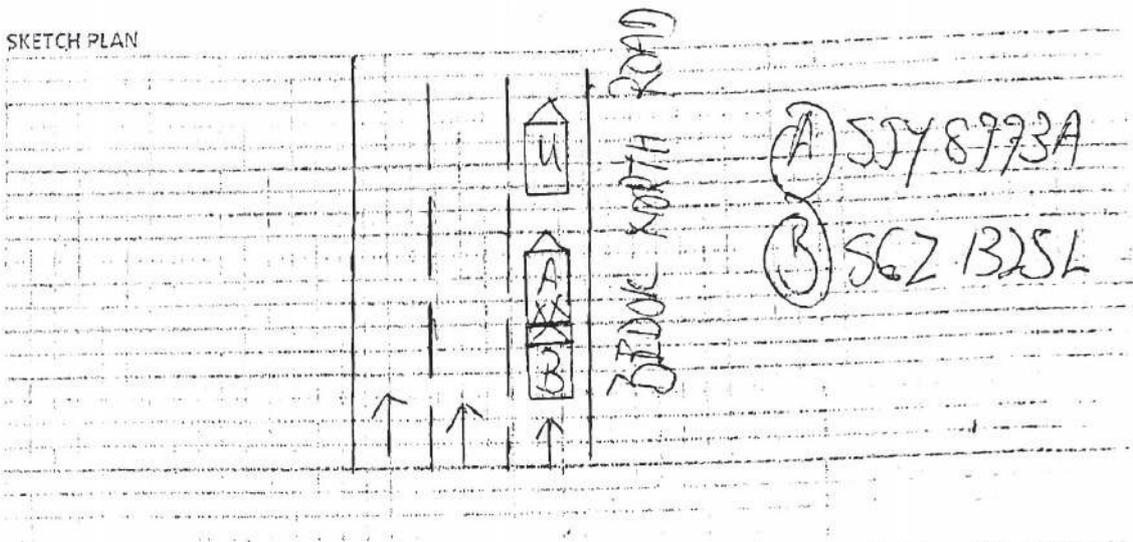
 Driver's Signature
 Date & Time

M. P. 2

 Driver's Signature
 At Service for the policyholder
 Date & Time

 Reporting Centre Personnel's Signature
 Name:
 ID No./Pin No.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5-9-2020 @ 12:15 PM I was travelling on Bedok North Road, extreme right lane. Front vehicle stop so I follow to stop in a stationary position, suddenly vehicle SGZ 1325L behind me did not stop in time collided into my vehicle SJY 8973A Rear portion

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]
 Policyholder's Signature
 Date & Time:

[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: